

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-678)**

SERIAL NO. 099155590

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1													
2		1												
3		1												
4		3												
5		0												
6		0												
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9	1													
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13		3												
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31		2												
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TOTAL IND.														
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51		1												
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98														
99														
100														
TOTAL IND.	6													
TOTAL DEP.	68													
TOTAL CLAIMS	74													